

**Youth HIV Prevention
Strategic Plan
for 2008-2013**

**Updated
November 2009**



**HIV Prevention Program
(802) 828-5151**

Executive Summary

The Vermont Department of Education convened a strategic planning workgroup to review relevant state data, conduct a SWOT analysis, and determine appropriated goals and strategies to meet the needs of Vermont students in HIV, STD and pregnancy prevention. This strategic planning workgroup included 18 stakeholders, including 2 students, 6 personnel from within state government and the remainder from schools, community agencies and state associations. The workgroup held three half-day meetings, communicated via email and conference calls and completed a SurveyMonkey questionnaire. In addition to this stakeholder input the Vermont Department of Education sought input from the Comprehensive Health Education and Wellness Advisory Council (CHEWAC), a legislatively mandated statewide council of school health representatives.

Through this process we discovered themes of access, data, curricula and diversity in which we felt there were strengths, weaknesses, opportunities and threats. Specifically, we determined the need for improved and increased amounts of professional development designed to target certain topic areas and to reach a broader cross-section of health educators. Strengths in this area include: agencies in every county to address sexual health and the Vermont DOE health education resource center with an inventory of over 1,500 materials available for loan to schools and other health education professionals. Opportunities include: getting teachers qualified and comfortable with the material they are teaching and partnerships with community agencies to help schools address sexual health. We also determined that barriers exist both at the state and local level and a general lack of statewide work that reaches diverse populations. Youth input is also lacking across the board. There are many opportunities with respect to collaboration including outside groups working with teachers in their efforts to build skills and comfort with the subject matter.

We aligned these SWOTs with our five-year program goals, refined the goals, and then identified strategies to reach the goals. Our final five-year goals and program strategies are:

Goal I: Strengthen collaboration among schools, communities and the department of education in HIV, STD and pregnancy prevention education

Strategy 1: Partner with youth-serving organizations to provide health educators with access to up-to-date, accurate, evidence-based HIV, STD and pregnancy prevention education resources for health educators.

Strategy 2: Partner with external agencies/groups to provide joint professional development opportunities for educators across Vermont.

HIV SLIMS 1, 7 & 8 will be used to measure impact of this strategy.

Strategy 3: Maintain youth HIV prevention interagency collaborative so that organizations continue to give voice to joint statewide efforts in youth HIV, STD and pregnancy prevention education.

Goal II: Decrease acceptability of high-risk behaviors associated with HIV, STDs, and adolescent pregnancy

Strategy 1: Provide standards-based HIV, STD and pregnancy prevention training across Vermont using research-based HIV prevention programs/curricula for educators at public middle and high schools.

HIV SLIMS 7 & 8 will be used to measure impact of this strategy.

Strategy 2: Provide professional development opportunities across Vermont to increase health educators' comfort level with subject matters related to HIV, STD and pregnancy prevention and creating a climate conducive to learning.

Strategy 3: Provide professional development opportunities specifically to middle schools in core content and skills-building areas of HIV, STD and pregnancy prevention education.

HIV SLIM 1 will be used to measure impact of this strategy.

Goal III: Involve youth in all aspects of HIV, STD and pregnancy prevention education, especially youth at high risk.

Strategy 1: Engage young people in order to provide youth input into statewide planning and implementation.

Strategy 2: Incorporate youth development segment into all professional development opportunities to encourage schools to incorporate youth voice in local planning for HIV, STD and pregnancy prevention education

Goal IV: Increase capacity to improve delivery, effectiveness and sustainability of HIV programs through professional development of staff

Strategy 1: Participate in professional development opportunities to acquire new tools and resources that improve overall understanding of HIV program planning, implementation and evaluation.

Strategy 2: Collect and share success stories.

Strategy 3: Market program to schools and communities across Vermont.

Youth HIV Prevention Strategic Planning Workgroup

The following chart represents the participants of the original strategic planning process conducted throughout 2008.

Name	Organization	Title	e-mail
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Barb Frankowski	American Academy of Pediatrics	Physician and school health educator	Barbara.Frankowski@vtmednet.org
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Allen Robinson	Imani health Care		
Evan Shadowfax	Senior, Lake Region Union High School	High school student	Private
Vicky Smith	King Street Youth Center	Director	vicky@kingstreetyouth.org
Karen Tronsgard-Scott	Vermont Network Against Domestic and Sexual Violence	Education Director	
Shevonne Travers	Vermont Department of Education	Assistant director	Shevonne.travers@state.vt.us
Susan Varni	University of Vermont	Student intern	SVarni@vdh.state.vt.us

Data Sources

Internal Data Sources:

- 2008 DASH Program Inventory
- 2007 / 2008 Indicators for School Health Programs
- 2006 / 2007 Professional Development Reports (evaluations, participation lists, etc)

External Data Sources:

- 2006 / 2008 School Health Profiles
- 2005 / 2007 Youth Risk Behavior Survey
- U.S. Census Bureau information for Vermont
- Vermont Agency of Community Services community profiles by county
- HIV/AIDS quarterly report
- Vermont Department of Health Center for Public Health Statistics
- Vermont Department of Health STD case reporting via National Electronic Telecommunications Surveillance System (NETSS)
- Vermont HIV Testing Survey (HITS)
- Vermont Department of Health Populations data via National Center for Health Statistics
- Vermont Alcohol and Drug Abuse Prevention substance abuse treatment admissions data
- Vermont Department of Health office of minority health 2004 study *Accessing Barriers to Prevention and Care Services Study*

Data Summary

The following summary provides a snapshot of notable data in Vermont.

Vermont U.S. Census Data:

Per the 2006 census, Vermont's population is 623,908. Of that population, 21% are young people under the age of 18. 96.7% of Vermont's population are white, 1% are Asian and 0.7% are people of color. The percentages of young people, Asian persons, and people of color are all lower than national averages. 86% of Vermont's population are high school graduates, which is a higher percentage than the national average. Chittenden County, which houses our largest city – Burlington – has a greater percentage of people of African and Asian descent: 1.3% and 2.4% respectively.

2008 Profiles:

Although the percentage of schools which teach various HIV, STD or pregnancy prevention topics in grades 6, 7 and 8 ranges from 60-70%, only 40% of schools in Vermont teach all 11 HIV, STD and prevention topics in the middle school grades.

Although the percentage of schools in Vermont which teach about condom efficacy, the importance of using condoms and how to obtain condoms is nearly 100%, in 2006 when the question was asked, “do you teach students how to correctly use a condom in a required health education course,” only 46% of schools reported doing so.

The percentage of teachers who have received professional development (PD) in HIV, STD and pregnancy prevention topics during the past two years ranges widely. For example, 15% report having received PD in the area of addressing community concerns and challenges related to HIV prevention education, whereas 55% report having received PD in the area of implementing health education strategies using prevention messages that are likely to be effective in reaching youth. Overall, slightly more than a third of teachers report having received professional development in topics related to HIV, STD and pregnancy prevention.

2007 YRBS:

More than 60% of Vermont 12th graders report having ever had sexual intercourse, and 37% of students overall in grades 8-12 report having ever had sexual intercourse. These percentages are slightly lower than U.S. figures.

Approximately one in ten Vermont students has had sexual intercourse with four or more people in their lifetime. This figure is lower than the U.S. average of approximately 15%.

While the rate of condom use has increased in the U.S. overall, Vermont students report similar rates of condom use over the past ten years (57-63%).

While alcohol or drug use before sexual intercourse appears to have declined very slightly across the U.S., in Vermont, rates were on the decline, but between 2005 and 2007, the rate jumped four percentage points from 24 % to 28 %. In addition, Vermont students report higher use of alcohol or drug use prior to most recent sexual intercourse than U.S. students overall.

STD Case Data

Chlamydia cases in the 15-19 age group are declining, from 39% in 2000-2001 to 32% in 2006-2007. Gonorrhea cases are also declining, from 33% in 2000-2001 to 17% in 2006-2007.

HIV Case Data

Since the number of young people living with HIV/AIDS in Vermont is so very low this data is not published.

2009 Analysis

In analyzing rates of high risk sexual behavior and highest poverty areas across Vermont (using free- and reduced-priced lunch eligibility as a marker), it makes sense to target certain areas of the state where disparities exist with activities related to our HIV prevention program. Orleans and Caledonia counties clearly have the highest poverty rates in the state, and YRBS data for the school districts/supervisory unions in those counties show some higher than average rates of risky sexual behavior. The two counties in Vermont that stand out as having overall higher than average rates of adolescent sexual risk behavior are Lamoille and Orange counties. Indeed, these two counties also have above average percentages of youth in poverty. In addition, looking longitudinally at YRBS data in Caledonia school districts, some sexual risk behaviors are on the rise, particularly use of alcohol and other drugs prior to sexual intercourse. In all of these counties rates of condom use is lowest compared to the rest of the state, and not increasing over time.

Therefore, we intend to focus the reach in our state to the geographic areas identified as higher incidence for sexual risk behaviors and as having high rates of poverty. These are the four aforementioned counties of Caledonia, Lamoille, Orange and Orleans. In terms of prevention program outreach it is fortunate that these [counties](#) are somewhat clustered geographically.

SWOT Analysis

During HIV prevention program strategic planning, we addressed Strengths, Weaknesses, Opportunities and Threats under five categories (Program Management and Staffing, Program Planning and Monitoring Partnerships, Professional Development/Technical Assistance, Other), we grouped the items into common themes:

- ACCESS
- DATA
- CURRICULA
- DIVERSITY
- OTHER

Common areas of concern that rose to the top of these categorical areas include:

- Professional development: the need for improved and increased amounts of professional development designed to target certain topic areas and to reach a broader cross-section of health educators. Specifically, areas in need of improvement include level of knowledge of professional staff working with students, accessing professional development needs, how community partners know what professional development events are offered around the state, and accessing professional development given teachers' limitations. Strengths in this area include: agencies in every county to address sexual health, the Vermont DOE health education resource center with an inventory of over 1,500 materials available for loan to schools and other health education professionals, Vermont DOE program fully staffed with experienced HIV coordinator and health education consultant. Opportunities include: getting teachers qualified and comfortable with the material they are teaching, partnerships with community agencies to help schools address sexual health.
- Diversity: Barriers exist both at the state and local level such as methods of identifying youth at greatest risk and a general lack of resources for statewide work that reaches diverse populations. Youth input, especially from diverse populations, is also lacking across the board in sexuality education, HIV / STD / pregnancy prevention.
- Collaboration: There are many opportunities with respect to collaboration including outside groups supporting/educating/assisting teachers in their efforts to build skills and comfort with the subject matter and including youth in aspects of statewide and local HIV prevention planning and design.

Full SWOT results are as follows:

ACCESS

Strengths

Agencies in every county to address sexual health
Health Education Resource Center (HERC)
Keeping partners informed on DOE activities
Schools have access to professional development

Weaknesses

When health class is offered (timing of classes 8th – 12th?)

State doesn't have clear sense of what is happening in schools (issue of local control)

Local control aspect of schools

Connecting with alternative ed programs

Logistics (ie: funding limitations)

Getting youth input

Fully accessing VIT and on-line, LNC

How community organizations know what services and professional development offerings there are offered

Lack of resources to travel across State of Vermont not reaching immigrant refugee youth

Opportunities

Balance of external agencies collaborating with schools

Access to people who are HIV+ (stakeholders)

External groups available to educate

Opportunity for outside groups to support/educate/assist teachers in their efforts to build skills/comfort (capacity building)

Availability of professional development and technical assistance

Threats

Schools teaching curriculum not reaching kids

Reaching kids with language barriers or who are people of color – non-normative identities

No access to kids in schools to talk about HIV Prevention (outright)

Access is personality-based and not institutionalized (it's who you know, access to students isn't available in all schools)

Historically based reputation impacting access (VT CARES)

Still missing non-profits serving refugee communities, people of color, disabilities

Barriers created by homophobia (this is big)

Lack of resources for statewide work

Language barriers

Lack of outreach to diverse populations

Again – personality-based and not institutionalized

DATA

Strengths

Data we can use

Health Education Resource Center (HERC)

Data we can use

Tracking program activities

Survey results to schools/S.U.'s

Materials review committees (DOE and VDH)

VDH presence in schools (3 staff)

Weaknesses

How elementary schools are involved

When health class is offered (timing of classes 8th – 12th?)

Level of knowledge of professional staff working with students

State doesn't have clear sense of what is happening in schools (issue of local control)

Limited ability to determine need
Lack sense of how well we are meeting needs
How staff know what services and professional development offerings there are

Opportunities

VDH helpful in thinking about evaluation and data collection
Systems to capture “actual” behavior among queer youth (YRBS)

Threats

limitations on reliable data
YRBS not reliable data (critical thinking about methodology, broaden to consider non-normative kids)
Not reaching immigrant and refugee youth

CURRICULA

Strengths

Survey results to schools/S.U.'s
Materials review committees (DOE and VDH)
Vermont Interactive Television
Health Education Resource Center
Formative stage of transformation of education (21st century changes)

Weaknesses

Level of knowledge of professional staff working with students
Lack of plan for 21st century skills around health
Getting youth input
Fully accessing VIT and on-line, LNC
Accessing professional development needs

Opportunities

Confidentiality – youth-focused, youth driven, youth dedicated
Own the awkwardness to open the door to learning
Teachers qualified and comfortable
Up-to-date materials
Integration of HIV/HEP, etc. throughout the curriculum

Threats

No embedded standardized curriculum
Lack of knowledge about gender issues by adults
Lack of skills around talking about sex with kids
Especially non-normative sexuality
Other things we need to be talking about – Hep C/tattooing and piercing, other aspects/risks for youth in 2008

DIVERSITY

Strengths

Weaknesses

Local control aspect of schools
Not a clear way to identify those at greatest risk
Connecting with alternative ed programs
Getting youth input

Opportunities

Systems to capture “actual” behavior among queer youth (YRBS)
Diversity of folks working on prevention – integrated in many jobs -0 cuts across many positions
Reflect identity of youth coming in and create safety for queer youth

Threats

Still missing non-profits serving refugee communities, people of color, disabilities
Lack of resources for statewide work
Barriers created by homophobia (this is big)
Lack of diversity in organizations
Lack of knowledge about gender issues by adults
Especially non-normative sexuality
Not reaching refugee youth
Reaching kids with language barriers or who are people of color – non-normative identities

OTHER

Strengths:

FTE HIV coordinator
Health ed Coordinator
VDH fully staffed program
Communication tools
DOE participation on CAG
Materials review committees (DOE and VDH)
Skilled
We reach whole State of Vermont on-line professional development
Vermont Interactive Television
A lot of services and professional development offerings
State board of education member trained by CDC in HIV among people of color

Weaknesses:

Internal partnerships with Independent and Federal Programs
Staffing HERC
Logistics (ie: funding limitations)
Collaborative efforts
Getting youth input
Lack of support staff
Lack of advance planning
No Child Left Behind
Overall less funding
Fewer staff

Opportunities:

Vermont CARES – resources good around prevention (1.5 FTE)
(agencies) Reflect identity of youth coming in and create safety for queer youth
VDH flexible
People who really care about work and people are pushing when interventions aren't working
Youth pushing back
Opportunities for youth to monitor/evaluate
Youth participating in program planning
Participation in collaborative groups – always can do more
Good relationships among non-profits
Space
Staff are also youth
Providing technical assistance and training
So many opportunities

Threats:

Sometimes loss of focus due to all the other things that are going on
Limited resources to do the work
Schools teaching curriculum not reaching kids
Reaching kids with language barriers or who are people of color – non-normative identities
Lack of evidence-based intervention and lack of strategy (ie: public health model for comprehensive prevention)
Personal agenda driven by staff at school
Lack of emphasis in classrooms, outdated materials
Lack of primary prevention
Cultural terror about sex (no woodies in the classroom)
Lack of funding for dedicated folks
Lack of outreach to diverse populations language barriers

Program Strategies

Former Goal I: Reduce risk for HIV transmission among youth through capacity-building, strengthening of state and local partnerships and involving youth in all aspects of program planning and implementation.

Refined Goal I: Strengthen collaboration among schools, communities and the department of education in HIV, STD and pregnancy prevention education

Strategy 1: Partner with youth-serving organizations to provide health educators with access to up-to-date, accurate, evidence-based HIV, STD and pregnancy prevention education resources for health educators.

Strategy 2: Partner with external agencies/groups to provide joint professional development opportunities for educators across Vermont.
(HIV SLIMS 1, 7 & 8)

Strategy 3: Maintain youth HIV prevention interagency collaborative so that organizations continue to give voice to joint statewide efforts in youth HIV, STD and pregnancy prevention education.

Former Goal II: Increase the number of health educators to have access to accurate, evidence-and/or research-based, up-to-date HIV/AIDS prevention education through development and dissemination of statewide resources.

Refined Goal II: Decrease acceptability of high-risk behaviors associated with HIV, STDs, and adolescent pregnancy

Strategy 1: Provide standards-based HIV, STD and pregnancy prevention training across Vermont using research-based HIV prevention programs/curricula for educators at public middle and high schools.
(HIV SLIMS 7 & 8)

Strategy 2: Provide professional development opportunities across Vermont to increase health educators' comfort level with subject matters related to HIV, STD and pregnancy prevention and creating a climate conducive to learning.

Strategy 3: Provide professional development opportunities specifically to middle schools in core content and skills-building areas of HIV, STD and pregnancy prevention education.
(HIV SLIM 1)

(Removed) *Former Goal III:* Reduce the risk of HIV transmission by ensuring that schools implement the most current HIV/bloodborne pathogens policies based on medically and scientifically accurate information and researched evidence of effectiveness consistent with CDC guidelines.

Rationale: 90% Vermont schools have reported since 2002 via Profiles that they have an HIV policy. The Vermont Department of Education updated its policy guidance in 2006 and marketed and provided the new guidance to all Vermont schools.

Former Goal IV: Increase the number of Vermont schools that offer integrated, comprehensive standards-based sexuality education, including HIV, STI and pregnancy prevention through professional development and technical assistance opportunities.

Refined Goal III: Involve youth in all aspects of HIV, STD and pregnancy prevention education, especially youth at high risk.

Strategy 1: Engage young people in order to provide youth input into statewide planning and implementation.

Strategy 2: Incorporate youth development segment into all professional development opportunities to encourage schools to incorporate youth voice in local planning for HIV, STD and pregnancy prevention education

Former Goal V: Increase capacity to improve delivery, effectiveness and sustainability of HIV programs through professional development of staff.

Refined Goal IV: Increase capacity to improve delivery, effectiveness and sustainability of HIV programs

Strategy 1: Participate in professional development opportunities to acquire new tools and resources that improve overall understanding of HIV program planning, implementation and evaluation.

Strategy 2: Collect and share success stories.

Strategy 3: Market program to schools and communities across Vermont.

Communication Process

Initial communications:

Main messages / What we will communicate:

- Brief overview of strategic planning process including contributors
- Selected goals / strategies
- Logic model

<p>Recipients of strategic planning communication:</p> <ul style="list-style-type: none"> ▪ All participating stakeholders ▪ Program implementers ▪ School health educators ▪ School counselors / SAPs ▪ Community partners ▪ Vermont DOE Safe and Healthy Schools program staff ▪ Alternative education program staff ▪ After school program staff ▪ State Board of Education ▪ Commissioner of Education ▪ Commissioner of Health ▪ CDC-DASH 	<p>Communication Channels:</p> <ul style="list-style-type: none"> ▪ Brochure – this format was chosen as a method to keep information brief and reader-friendly <ul style="list-style-type: none"> ▪ Side one logic model, side two goals, strategies, acknowledgements ▪ Vermont Interactive Television session to introduce to field via visual / oral mode ▪ Posting on VDOE website ▪ Notification via Principals and Superintendents weekly field memo
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On-Going communications:

Main messages / What we will communicate

- Mid-year and annual progress reports
- Evaluation findings
- Recommendations
- Next steps

<p>Recipients of strategic planning communication:</p> <ul style="list-style-type: none"> ▪ All participating stakeholders ▪ Program implementers ▪ Vermont DOE Safe and Healthy Schools program staff ▪ CDC-DASH 	<p>Communication Channels:</p> <ul style="list-style-type: none"> ▪ Reports ▪ Success Stories ▪ Updated DOE Web page
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Implementation process

HIV Program staff will work with internal, external state and community partners to implement the activities associated with each strategy identified in this strategic plan. Vermont Department of Education HIV program staff will meet monthly to review progress toward implementation of strategic plan and annual workplan. HIV prevention program coordinator will convene twice yearly meetings of the Youth HIV Prevention interagency Collaborative (formerly known as the strategic planning workgroup) to:

- Provide updates on implementation successes and challenges
- Review and discuss evaluation process and data collections
- Review and discuss implementation strategies
- Make any recommendations for change to strategies, activities, timeline, evaluation efforts and/or communications process
- Receive input into next year's annual workplan

Evaluation process

Process evaluation will be conducted using three key measurement tools:

1. CDC *Indicators for School Health Programs*
2. School Health Profiles
3. Youth Risk Behavior Survey

In addition, we will track progress toward goals via:

- the number of materials borrowed from our Health Education Resource Center
- hits on the Department of Education website
- participant rosters
- session evaluations
- verbal interviews with school health professionals and community partners

We will also work with community partners to jointly track the number of opportunities their organizations receive to present to and/or train school health professionals in HIV, STD and pregnancy prevention education.

Workplan

Vermont Department of Education
 Priority Area #2 Improving the Health and Educational Outcomes of Young People through HIV Prevention
 Cooperative Agreement Number: 1U87DP001262-03
 Year 3 Workplan

Selected SLIM	Strategy (or strategies) aligning with SLIM	2008 baseline % for SLIM	Target % for SLIM	2010 % for SLIM	2012 % for SLIM
<p style="text-align: center;">HIV SLIM 1</p> <p>The percentage of schools that address all of the following in a required course taught during grades 6, 7, or 8:</p> <ul style="list-style-type: none"> · The differences between HIV and AIDS. · How HIV and other STD are transmitted. · How HIV and other STD are diagnosed and treated. · Health consequences of HIV, other STD, and pregnancy. · The benefits of being sexually abstinent. · How to prevent HIV, other STD, and pregnancy. · How to access valid and reliable health information, products, and services related to HIV, other STD, and pregnancy. · The influences of media, family, and social and cultural norms on sexual behavior. · Communication and negotiation skills related to eliminating or reducing risk for HIV, other STD, and pregnancy. · Goal setting and decision making skills related to eliminating or reducing risk for HIV, other STD, and pregnancy. · Compassion for persons living with HIV or AIDS. 	<p>Partner with external agencies/groups to provide joint professional development opportunities for educators across Vermont.</p> <p>Provide professional development opportunities specifically to middle schools in core content and skills-building areas of HIV, STD and pregnancy prevention education.</p>	43%	60%	48%	55%

<p>HIV SLIM 7</p> <p>The percentage of schools in which the lead health education teacher received professional development during the past two years on all of the following:</p> <ul style="list-style-type: none"> · Describing how widespread HIV and other STD infections are and the consequences of these infections. · Understanding the modes of transmission and effective prevention strategies for HIV and other STDs. · Identifying populations of youth who are at high risk of being infected with HIV and other STDs. · Implementing health education strategies using prevention messages that are likely to be effective in reaching youth. 	<p>Partner with external agencies/groups to provide joint professional development opportunities for educators across Vermont.</p> <p>Provide standards-based HIV, STD and pregnancy prevention training across Vermont using research-based HIV prevention programs/curricula for educators at public middle and high schools.</p>	32%	55%	37%	45%
<p>HIV SLIM 8</p> <p>The percentage of schools in which the lead health education teacher received professional development during the past two years on at least six of the following:</p> <ul style="list-style-type: none"> · Teaching HIV prevention to students with physical, medical, or cognitive disabilities. · Teaching HIV prevention to students of various cultural backgrounds. · Using interactive teaching methods for HIV prevention education, such as role plays or cooperative group activities. · Teaching essential skills for health behavior change related to HIV prevention and guiding student practice 	<p>Partner with external agencies/groups to provide joint professional development opportunities for educators across Vermont.</p> <p>Provide standards-based HIV, STD and pregnancy prevention training across Vermont using research-based HIV prevention programs/curricula for educators at public middle and high schools.</p>	27%	50%	32%	40%

<p>of these skills.</p> <ul style="list-style-type: none"> • Teaching about health-promoting social norms and beliefs related to HIV prevention. • Strategies for involving parents, families and others in student learning of HIV prevention education. • Assessing students' performance in HIV prevention education. • Implementing standards-based HIV prevention education curricula and student assessment. • Using technology to improve HIV prevention education instruction. • Teaching HIV prevention to students with limited English proficiency. • Addressing community concerns and challenges related to HIV prevention education. 					
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Vermont Department of Education
 Priority Area #2 Improving the Health and Educational Outcomes of Young People through HIV Prevention
 Cooperative Agreement Number: 1U87DP001262-03
 Year 3 Workplan

<p>5 Year Goal I: Strengthen collaboration among schools, communities and the department of education in HIV, STD and pregnancy prevention education</p>	
<p><i>Strategies identified in the Strategic Plan:</i></p> <ul style="list-style-type: none"> 1: Partner with youth-serving organizations to provide health educators with access to up-to-date, accurate, evidence-based HIV, STD and pregnancy prevention education resources for health educators. 2: Partner with external agencies/groups to provide joint professional development opportunities for educators across Vermont. (HIV SLIMS 1, 7 & 8) 3: Maintain youth HIV prevention interagency collaborative so that organizations continue to give voice to joint statewide efforts in youth HIV, STD and pregnancy prevention education. 	
<p><i>School Level Impact Measure(s) (SLIMs):</i> HIV SLIMS 1,7,8</p>	
<p><i>Objective 1.1:</i> By February 2011, the HIV program, with support from local youth-serving agency partners will identify and make available a minimum of five new up-to-date, accurate, evidence-based HIV, STD and pregnancy prevention education resources for health educators available through the Health Education Resource Center (HERC).</p>	
<p><i>Indicators for School Health Programs:</i> Q12</p>	
<p><i>Rationale</i> for the objective: To support schools in the delivery of effective HIV and comprehensive sexuality education, health education professionals need access to current, accurate, and research-based materials. Through the Health Education Resource Center (HERC), schools have the opportunity to borrow resources.</p>	
<p><i>Measures</i> for accomplishing the objective: a. Resources are obtained</p>	<p><i>Data sources</i> to measure the objective: a. Health Education Resource Center Listing</p>

<p>b. Resources are reviewed through materials review panel. c. Current HERC offerings updated to reflect new resources. Person/Agency Responsible: HIV Prevention Coordinator, HERC Program Technician</p>	<p>b. Linking Health and Learning Newsletter (marketing tool)</p>
<p><i>Activities</i> in support of the objective: a. solicit input from partners on up-to-date resources b. select materials c. put materials through material review panel process d. purchase approved materials e. place materials in Health Education Resource Center and in partners' lending libraries for use</p>	<p><i>Activity completion date :</i> a. March 2010, Sept 2010 b. March 2010, Sept 2010 c. May 2010, November 2010 d. June 2010, December 2010 e. July 2010, January 2011</p>
<p><i>Objective 1.2:</i> By Feb 2011, at least two professional development offerings that address components of HIV Prevention education are held using a collaboratively designed training program between the Vermont Department of education and partner agency Vermont CARES.</p>	
<p><i>Indicators for School Health Programs:</i> Q13, Q16</p>	
<p><i>Rationale</i> for the objective: To improve the quality and delivery of effective HIV prevention education in traditional and non-traditional school settings, professional development is necessary. Partnering with external agencies can facilitate school-community partnerships which can enhance HIV prevention education for young people.</p>	
<p><i>Measures</i> for accomplishing the objective: a. Trainings have been held b. Schools have implemented aspects of training Person/Agency Responsible: HIV Prevention Coordinator, HERC Program Technician</p>	<p><i>Data sources</i> to measure the objective: a. agendas and participant evaluations are on file at DOE. b. post-implementation evaluation survey Person/Agency Responsible: HIV Coordinator, Health Education Consultant</p>
<p><i>Activities</i> in support of the objective: a. market training b. conduct minimum of two trainings c. send participants post-implementation evaluation survey d. make changes to training design as necessary</p>	<p><i>Activity completion date :</i> a. Sept 2010 b. Nov 2010 and Jan 2011 c. Dec 2010 and Feb 2011 d. on-going/as needed</p>

<p><i>Objective 1.3:</i> By February 2011 the Youth HIV prevention interagency collaborative will have met at least twice so that partner organizations continue to give voice to joint statewide efforts in youth HIV, STD and pregnancy prevention education.</p>	
<p><i>Indicators for School Health Programs:</i> Q23, Q25, Q27</p>	
<p><i>Rationale</i> for the objective: Coordinated efforts to address HIV prevention education in among the youth population is necessary to provide a comprehensive learning opportunity for school health professionals.</p>	
<p><i>Measures</i> for accomplishing the objective:</p> <ul style="list-style-type: none"> a. meetings scheduled b. meetings held and partners invited to participate <p>Person/Agency Responsible: HIV Prevention Coordinator</p>	<p><i>Data sources</i> to measure the objective:</p> <ul style="list-style-type: none"> a. meeting minutes b. joint documents (TBD) <p>Person/Agency Responsible: HIV Prevention Coordinator</p>
<p><i>Activities</i> in support of the objective:</p> <ul style="list-style-type: none"> a. stakeholder partners invited to participate in twice-yearly meeting b. goals and objectives for collaborative established c. resources shared d. strategic planning progress shared and discussed e. next steps established 	<p><i>Activity completion date :</i></p> <ul style="list-style-type: none"> c. March 2010 d. July 2010, January 2011 e. July 2010, January 2011 f. July 2010, January 2011 g. July 2010, January 2011
<p><i>Objective 1.4:</i> The HIV Prevention Coordinator will continue to participate on the statewide HIV/AIDS advisory council known as Community Action Group (CAG, known formerly as CPG) to provide on-going support and consultation on priority youth needs in Vermont.</p>	
<p><i>Indicators for School Health Programs:</i> n/a</p>	
<p><i>Rationale</i> for the objective: As a state education agency representative, the HIV coordinator provides input and leadership on this statewide advisory council particularly where it pertains to youth HIV prevention funding decisions and programmatic efforts.</p>	
<p><i>Measures</i> for accomplishing the objective:</p> <ul style="list-style-type: none"> a. continued membership of the Community Action Group (CAG), and CAG sub-committees b. participation on VDH materials review committee (MRC) <p>Person/Agency Responsible: HIV Prevention Coordinator</p>	<p><i>Data sources</i> to measure the objective:</p> <ul style="list-style-type: none"> a. membership on CAG is on file at VDH b. membership on MRC is on file at VDH <p>Person/Agency Responsible: HIV Prevention Coordinator</p>
<p><i>Activities</i> in support of the objective:</p> <ul style="list-style-type: none"> a. continue bi-annual membership commitment to CAG b. attend bi-monthly CAG meetings c. participate in monthly sub-committee conference calls d. Participate on VDH materials review committee as needed/requested 	<p><i>Activity completion date :</i></p> <ul style="list-style-type: none"> a. on-going b. on-going c. on-going d. on-going

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 Year 3 Workplan

<p>5 Year Goal II: Decrease acceptability of high-risk behaviors associated with HIV, STDs, and adolescent pregnancy</p>	
<p><i>Strategies identified in the Strategic Plan:</i></p> <ol style="list-style-type: none"> 1: Provide standards-based HIV, STD and pregnancy prevention training across Vermont using research-based HIV prevention programs/curricula for educators at public middle and high schools. (HIV SLIMS 7 & 8) 2: Provide professional development opportunities across Vermont to increase health educators' comfort level with subject matters related to HIV, STD and pregnancy prevention and creating a climate conducive to learning. 3: Provide professional development opportunities specifically to middle schools in core content and skills-building areas of HIV, STD and pregnancy prevention education. (HIV SLIM 1) 	
<p><i>School Level Impact Measure(s) (SLIMs):</i> HIV SLIMS 1,7,8</p>	
<p><i>Objective 2.1:</i> By Feb 2011, The Vermont Department of Education will have provided comprehensive infrastructure support and in-depth technical assistance to selected school districts/supervisory unions in target areas for development and/or improvement of a standards-based HIV, STD and pregnancy prevention curriculum, which includes assessment-driven instruction in core content and skills-development.</p>	
<p><i>Indicators for School Health Programs:</i> Q13, Q14</p>	
<p><i>Rationale for the objective:</i> To improve the quality and delivery of effective HIV prevention education in traditional and non-traditional school settings, in-depth professional development, infrastructure support and on-going technical assistance is necessary for school to achieve success in building, maintaining and improving curriculum and instructional practices that have the greatest potential for impact on student learning.</p>	
<p><i>Measures for accomplishing the objective:</i></p> <ol style="list-style-type: none"> a. participation in professional development events b. development of school curriculum design 	<p><i>Data sources to measure the objective</i></p> <ol style="list-style-type: none"> a. school health profiles b. school curriculum designs on file

c. post-technical assistance surveys are completed Person/Agency Responsible: HIV Coordinator, Health Education Consultant	c. participant surveys on file Person/Agency Responsible: HIV Coordinator, Health Education Consultant
<i>Activities</i> in support of the objective: a. develop and publish RFP b. Select school districts for participation c. conduct professional development events d. conduct post-training follow-up survey of participants e. provide on-going technical assistance to participating schools	<i>Activity completion date :</i> a. April 2010 b. June 2010 c. September – November 2010 d. October – December 2010 e. on-going through Feb 2011
<i>Objective 2.2:</i> By February 2011 the Vermont Department of Education will have provided a minimum of three professional development opportunities and three additional informational sessions across Vermont to increase health educators' comfort level with subject matters related to HIV, STD and pregnancy prevention and creating a climate conducive to learning.	
<i>Indicators for School Health Programs:</i> Q32	
<i>Rationale</i> for the objective: To effectively deliver HIV, STD and pregnancy prevention education, educators must be comfortable with the subject matter and create a classroom climate that is conducive to learning. Students must feel safe to explore controversial topics in the classroom.	
<i>Measures</i> for accomplishing the objective: a. training design developed b. trainings marketed to schools c. trainings held Person/Agency Responsible: HIV Coordinator, Health Education Consultant	<i>Data sources</i> to measure the objective: a. training design on file. b. agendas and participant evaluations are on file at DOE. Person/Agency Responsible: HIV Coordinator, Health Education Consultant
<i>Activities</i> in support of the objective: a. update training design b. market trainings c. conduct trainings d. conduct post-training follow-up survey of participants e. provide technical assistance to participating schools as necessary	<i>Activity completion date :</i> a. March 2010 b. on-going through Feb 2011 c. June 2010, Oct 2010, Nov 2011 d. July 2010, Nov 2010, Dec 2010 e. as necessary

<p><i>Objective 2.3:</i> By February 2011, the Vermont Department of Education will have provided a minimum of three professional development opportunities specifically to middle schools in core content and skills-building areas of HIV, STD and pregnancy prevention education.</p>	
<p><i>Indicators for School Health Programs:</i> Q13, Q17</p>	
<p><i>Rationale</i> for the objective: Vermont School Health Profiles highlights a lack of specific professional development received by middle schools. The middle grades are a crucial time for students to receive effective HIV, STD and pregnancy prevention education, which, according to the Vermont YRBS is a time at which very few students have yet engaged in high risk behaviors associated with HIV, STD or adolescent pregnancy.</p>	
<p><i>Measures</i> for accomplishing the objective: a. training design developed b. trainings marketed to schools c. trainings held</p>	<p><i>Data sources</i> to measure the objective: a. school health profiles b. participant evaluations</p>
<p><i>Activities</i> in support of the objective: a. develop training design b. market trainings c. conduct trainings d. conduct post-training follow-up survey of participants e. provide technical assistance to participating schools as necessary</p>	<p><i>Activity completion date:</i> a. March 2010 b. on-going through Feb 2011 c. June 2010, Oct 2010, Nov 2011 d. July 2010, Nov 2010, Dec 2010 e. as necessary</p>

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5 Year Goal III: Involve youth in all aspects of HIV, STD and pregnancy prevention education, especially youth at high risk.	
<i>Strategies identified in the Strategic Plan:</i> 1: Engage young people in order to provide youth input into statewide planning and implementation. 2: Incorporate youth development segment into all professional development opportunities to encourage schools to incorporate youth voice in local planning for HIV, STD and pregnancy prevention education.	
<i>School Level Impact Measure(s) (SLIMs):</i> N/A	
<i>Objective 3.1:</i> By February 2011 a minimum of five schools will have participated in a youth-driven YRBS data analysis and action planning process.	
<i>Indicators for School Health Programs:</i> Q23	
<i>Rationale for the objective:</i> The YRBS student data analysis project has been pilot-tested over three years. Participating schools have documented success with student engagement and involvement and program improvements that foster increased student engagement at the local level. Continued support of this project is prudent given past successes.	
<i>Measures for accomplishing the objective:</i> a. at least 50 youth provide input into local analysis and action planning efforts b. Data analysis retreats and community dialogue night communication events are held c. Action plans are developed Person/Agency Responsible: HIV Coordinator, Health Education Consultant	<i>Data sources to measure the objective:</i> a. data analysis results published in annual project newsletter b. narrative report and action plans from schools Person/Agency Responsible: HIV Coordinator, Health Education Consultant
<i>Activities in support of the objective:</i>	<i>Activity completion date :</i>

<ul style="list-style-type: none"> a. recruit and select participating schools b. hold orientation training with participating schools c. conduct dialogue night training with participating schools d. provide follow-up support and technical assistance to schools 	<ul style="list-style-type: none"> a. May 2010 b. September 2010 c. November 2010 d. on-going through Feb 2011
<p><i>Objective 3.2:</i> By February 2011, youth engagement segment will have been integrated into professional development opportunities that encourage schools to incorporate youth voice in local planning for HIV, STD and pregnancy prevention education.</p>	
<p><i>Indicators for School Health Programs:</i> Q13, Q29, Q32, Q33</p>	
<p><i>Rationale for the objective:</i> Programs targeting middle and high school grades are much more effective at reaching students if young people have an opportunity to provide input and incorporate their own voice in HIV, STD and pregnancy prevention education.</p>	
<p><i>Measures for accomplishing the objective:</i></p> <ul style="list-style-type: none"> a. Youth engagement segment is integrated into select professional development opportunities b. Schools report changes made to curriculum and instruction <p>Person/Agency Responsible: HIV Coordinator</p>	<p><i>Data sources to measure the objective:</i></p> <ul style="list-style-type: none"> a. training segment is on file b. school health profiles c. post-implementation survey <p>Person/Agency Responsible: HIV Coordinator</p>
<p><i>Activities in support of the objective:</i></p> <ul style="list-style-type: none"> a. implement youth engagement segment at trainings b. conduct post-implementation follow-up survey 	<p><i>Activity completion date :</i></p> <ul style="list-style-type: none"> a. on-going through Feb 2011 b. on-going through Feb 2011

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<p><i>5 Year Goal IV:</i> Increase capacity to improve delivery, effectiveness and sustainability of HIV programs</p>	
<p><i>Strategies identified in the Strategic Plan:</i> 1: Participate in professional development opportunities to acquire new tools and resources that improve overall understanding of HIV program planning, implementation and evaluation. 2: Collect and share success stories. 3: Market program to schools and communities across Vermont.</p>	
<p><i>School Level Impact Measure(s) (SLIMs):</i> N/A</p>	
<p><i>Objective 4.1:</i> By February 2011 the HIV prevention coordinator will have attended a minimum of three professional development opportunities to acquire new tools and resources that improve overall understanding of HIV program planning, implementation and evaluation. These may include and are not limited to the annual CDC funded partners meeting, annual HIV prevention conference, an offering provided by the CDC professional development consortium and the Northeast School Health Collaborative.</p>	
<p><i>Indicators for School Health Programs:</i> N/A</p>	
<p><i>Rationale for the objective:</i> Professional development provides staff with opportunities to enhance program design, implementation and evaluation through the introduction of new tools, sharing of successes and challenges and learning best-practice methods for HIV prevention education. This helps to build the capacity of the state program in addressing HIV through prevention and education efforts.</p>	
<p><i>Measures for accomplishing the objective:</i> a. participate in at least three professional development events b. incorporation of at least 2 new tools/resources/methods into HIV work plan activities. Person/Agency Responsible: HIV Coordinator</p>	<p><i>Data sources to measure the objective:</i> a. log of participation/name listed on participant list b. Training agendas reflect tools/resources/methods used Person/Agency Responsible: HIV Coordinator</p>

<p><i>Activities</i> in support of the objective:</p> <ul style="list-style-type: none"> a. Register for and attend CDC/DASH annual meeting b. Register for and attend other CDC/DASH sponsored professional development opportunities once announced c. Register for and attend other related conferences and workshops relevant to the objectives set forth in this workplan, once announced 	<p><i>Activity completion date :</i></p> <ul style="list-style-type: none"> a. September 2010 b. February 2011 c. February 2011
<p><i>Objective 4.2:</i> By February 2011, the Vermont Department of Education will have collected at least two success stories from the field.</p>	
<p><i>Indicators for School Health Programs:</i> Q36</p>	
<p><i>Rationale</i> for the objective: Success stories provide the narrative stories of impact in the field as a result of program initiatives. This is a key way to share successes to state and national funders, congressional officials and leaders in health and education.</p>	
<p><i>Measures</i> for accomplishing the objective:</p> <ul style="list-style-type: none"> a. success stories collected b. success stories shared with CDC <p>Person/Agency Responsible: HIV Prevention Coordinator</p>	<p><i>Data sources</i> to measure the objective:</p> <ul style="list-style-type: none"> a. stories on file b. success stories included in end-of-year annual report <p>Person/Agency Responsible: HIV Prevention Coordinator</p>
<p><i>Activities</i> in support of the objective:</p> <ul style="list-style-type: none"> a. market opportunity to schools via Linking Health and Learning bulletin d. collect and compile success stories e. share success stories with CDC-DASH and key leaders in health and education 	<p><i>Activity completion date :</i></p> <ul style="list-style-type: none"> a. May 2010 b. October 2010 c. February 2011
<p><i>Objective 4.3:</i> By February 2011, the Vermont Department of Education will have marketed all pertinent aspects of the HIV prevention education program to schools and communities across Vermont.</p>	
<p><i>Indicators for School Health Programs:</i> n/a</p>	
<p><i>Rationale</i> for the objective: Professional development and opportunities for youth input can be made available but without proper marketing, schools and community</p>	

partners may not have a clear understanding of opportunities that exist for them to engage.	
<i>Measures</i> for accomplishing the objective: a. marketing plan established b. marketing mechanisms identified c. trainings and other opportunities marketed Person/Agency Responsible: HIV Prevention Coordinator, HERC Program Technician	<i>Data sources</i> to measure the objective: a. marketing tools b. number of schools/districts/S.U.'s reached Person/Agency Responsible: HIV Prevention Coordinator, HERC Program Technician
<i>Activities</i> in support of the objective: a. market program via identified electronic and face-to-face mechanisms	<i>Activity completion date :</i> c. on-going through February 2011

Logic Model

GOAL: Improving the health and educational outcomes of young people through HIV, STD and pregnancy prevention education

